

Third Dose COVID-19 Vaccine Referral Form

If you are unable to administer a third dose of the COVID-19 vaccine to your eligible patients (individuals who are fully vaccinated (two doses) and have a specific health condition below), please complete and sign this form to refer them to a WDGPH clinic for a third dose.

Last Name	First Name	Health Card No.
Date of Birth MM / DD / YYYY	Name of Referring Physician	
Home/Mobile Phone	Email address	

COMPLETE THIS SECTION FOR REFERRALS FOR THIRD DOSE

Received two-dose COVID-19 vaccine series: Yes No Not Sure

Reason for third dose of COVID-19 vaccine*:

- Receiving active treatment (e.g., chemotherapy, targeted therapies, immunotherapy) for solid tumour or hematologic malignancies (*Active treatment includes patients who have completed treatment within 3 months*)
- Recipient of solid-organ transplant and taking immunosuppressive therapy
- Recipient of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Stage 3 or advanced untreated HIV infection and/or acquired immunodeficiency syndrome
- Receiving active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids (refer to the CIG for suggested definition of high dose steroids), alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive (*Active treatment for patients receiving B-cell depleting therapy includes patients who have completed treatment within 12 months*)

Patient is homebound and requires a home visit to receive vaccine: Yes No

- I have provided counselling regarding the risks, benefits, and timing of a third vaccine dose in accordance with provincial guidance.

Physician Signature:

***Individuals must have one of the health conditions listed to receive a third dose of COVID-19 vaccine. Referrals with other health conditions or criteria will not be accepted for a third dose.**

Patients must bring this completed form to their vaccine appointment.

To schedule a vaccine appointment, patients can:

1. Book online: wdgpublichealth.ca/appointments
2. Drop-in to any existing WDGPH clinic: wdgpublichealth.ca/drop-ins
3. Have their physician fax this form to 1-855-934-5463. WDGPH will then follow up directly to book an appointment.